

CITY OF BLOOMINGTON RENTAL PROPERTY REGISTRATION FORM

HOUSING & NEIGHBORHOOD DEVELOPMENT P.O. BOX 100 BLOOMINGTON, IN 47401

PHONE: (812) 349-3420 FAX: (812) 349-3582

EMAIL: hand@bloomington.in.gov

NOTE: Permit Renewal notifications are sent via email to the owner and the agent on record. Please include an email.

# OF UNITS:	# OF	BEDROOMS:		HE	AT SOURCE: GAS	□ ELECTRIC □	
			INFORMATIC				
Any owner who reside process and other notion				signate	e an in-state agent for	r service of	
NAME OR COMPAN	ıv.		,				
If using a P.O. Box , A Street Address W STREET ADDRESS:	There You May be Located Mus	st Be Provided					
CITY:			STATE:		ZIP:		
MAILING ADDRESS	S:						
CITY:	CITY:			STATE:		ZIP:	
EMAIL:							
Please check your prefe	rred Emergency	Phone Contact	Number below:		T		
HOME:		WORK:			CELL:		
		AGENT	INFORMATIO	N			
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Please check your prefe	rred Emergency	Phone Contact	Number below:		Γ		
HOME:		WORK:			CELL:		

Register an additional properties which you own in the space below:

OWNER'S SIGNATURE (REC	QUIRED) OWNER'S N	NAME DATE
# OF UNITS:	# OF BEDROOMS:	HEAT SOURCE: GAS □ ELECTRIC □
# OF UNITS:	# OF BEDROOMS:	HEAT SOURCE: GAS □ ELECTRIC □
PROPERTY ADDRESS:		
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